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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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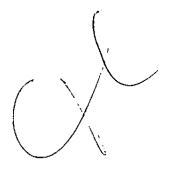
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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|-----------------------------------|---------------------------------------------------------------------------------|--------------|--------------|-----|--|
| SUBJE | 197 LLC | | | | |
| Name of Limited Liability Company | | | | | |
| Dear S | ir or Madam: | | | | |
| The en | closed Statement of Authority and fee(s) are submitted for filing. | | | | |
| Please | return all correspondence concerning this matter to the following: | | | | |
| | | | | | |
| | Name of Person | | | | |
| Blind I | Beak LLC | | | | |
| | Firm/Company | | | | |
| 1716 C | Capitol Ave Suite 100 | -455 -455 | 2021 | | |
| | Address | | į JA | *** | |
| Cheye | nne, WY 82001 | AHA | 2024 JAN 3 I | | |
| | City/State and Zip Code | SS | 2 | 5 | |
| mship4 | 14@gmail.com | | AH 11: 07 | | |
| | E-mail address: (to be used for future annual report notification) | | 37 | | |
| For fur | ther information concerning this matter, please call: | | | | |
| | Arianna Wittig at (561) 213-9699 Name of Person Area Code Daytime Telephone No | umber | | | |

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E138 (2/14)

STATEMENT OF AUTHORITY

| Pursuant to section $605.0302(1)$, Florida Statutes, this limited liability company submits the authority: | following statement of |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| FIRST: The name of the limited liability company is: | |
| SECOND: The Florida Document Number of the limited liability company is: L070000991 | 30 |
| THIRD: The street address of the limited liability company's principal office is: 197 65th Terrace N. | |
| West Palm Beach, FL 33413 | |
| The mailing address of the limited liability company's principal office is: PO Box 970844 | 2024 (S.E.) |
| Boca Raton, FL 33497 | 2024 JAN 3 SETALLAH |
| FOURTH: This statement of authority grants or sets limitations of authority on all persons position of a person in a company, whether as a member, transferee, manager, officer or other person on the following: 1. May execute an instrument transferring real property held in the name of the contact of the | erwise or to a specific |
| b. No authority granted to: | |
| 2. May enter into other transactions on behalf of, or otherwise act for or bind, the a. Granted to: Karin Lurtz aka Karin Lurtz-Wittig, Member, Manager | company. |
| b. No authority granted to: | |
| Signature of authorized representative Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) | 17 + Z name of signature |